

**TRAINING OPPORTUNITIES PROGRAM (SECTION 30)**  
**COLLEGE PROGRAM INFORMATION**

(Please fill in student information below.)

1. NAME OF STUDENT: \_\_\_\_\_
2. SOCIAL SECURITY NUMBER: \_\_\_\_\_
3. NAME OF CERTIFICATE  
OR DEGREE PROGRAM: \_\_\_\_\_  
(If degree, specify type - i.e., Associate's, Bachelor's, Master's etc.)
4. IS STUDENT ☐ **FULL-TIME** OR ☐ **PART-TIME?**
5. STARTING DATE: \_\_\_\_\_ (Month/Day/Year)
6. EXPECTED COMPLETION DATE: \_\_\_\_\_ (Month/Day/Year)
7. EXPECTED GRADUATION DATE: \_\_\_\_\_ (Month/Day/Year)
8. TOTAL NUMBER OF CREDITS REQUIRED FOR THIS CERTIFICATE/DEGREE: \_\_\_\_\_
9. NUMBER OF CREDITS STUDENT HAS ALREADY  
COMPLETED TOWARDS CERTIFICATE/DEGREE: \_\_\_\_\_
10. NUMBER OF CREDITS REMAINING TO COMPLETE CERTIFICATE/DEGREE: \_\_\_\_\_
11. IN THE SPACES BELOW, RECORD THE NUMBER OF CREDITS THAT STUDENT PLANS TO TAKE EACH  
SEMESTER. (Example - Fall, 1998 - 12 credits; Spring, 1999 - 15 credits, etc.)
12. 

<u>SEMESTER</u>	<u>START &amp; END DATES</u>	<u>(Month/Day/Year)</u>	<u>CREDITS</u>
FALL	_____	_____	_____
SPRING	_____	_____	_____
SUMMER 1	_____	_____	_____
SUMMER 2	_____	_____	_____
FALL	_____	_____	_____
SPRING	_____	_____	_____
OTHER:	_____	_____	_____
13. NAME OF SCHOOL: \_\_\_\_\_
14. TELEPHONE NO.: \_\_\_\_\_
15. NAME AND TITLE OF SIGNER: \_\_\_\_\_
16. **APPLY SCHOOL SEAL OR STAMP HERE.**

(See Reverse Side for Instructions)

**INSTRUCTIONS FOR COMPLETING FORM 1629**  
**TRAINING OPPORTUNITIES PROGRAM (SECTION 30) COLLEGE PROGRAM INFORMATION**

**Form 1629** must be completed and attached to **Form 1622** by an accredited college, university or degree granting institution. The information in this form is necessary to issue a determination under Section 30.

**Item by Item Description of Form 1629**

1. Enter student's name.
2. Enter student's social security number.
3. Enter the complete name of the program of study. If degree, specify the type, i.e., Associate's, Bachelor's, Master's).
4. Check appropriate box to indicate if student is enrolled full or part-time.
5. Enter the date of the **current** semester or trimester.
6. Enter the date when **all required course work for the degree or certificate** will be completed.
7. Enter the projected graduation date.
8. Enter the total number of credits required for this certificate/degree.
9. List the total number of credits student has already completed towards certificate/degree.
10. Enter the number of credits remaining to complete.
11. Enter the number of credits for each semester that the student plans to take in the space provided for in item number 12. **The total number of credits listed here must coincide with the number of credits entered on #10 above.**
12. Enter the Start and End dates of each Semester/Quarter/Trimester and the number of credits you expect to take each Semester/Quarter/Trimester.
13. Enter the Name of the school the claimant is attending or is planning to attend.
14. Enter the Telephone number of the school.
15. School official, please print your name, title, and affix your signature on this line.
16. Please affix school seal or stamp.